description. The only really dangerous symptom which is now to be feared, is after-bleeding, which, if venous, will soon stop from the even pressure, partly of the 'contentiv-bandage,' and partly from the bandage surrounding the stump; but if the bleeding is arterial, and cannot be stopped by the tourniquet, ice in a bladder should be tried, and 'astringentia and sulphuric acid,' failing which, the gypsum bandages must be removed.

"An inconvenience may arise from continued severe pain, which the patient sometimes suffers, both after gypsum, as well as starch bandages. In two such cases have we been prevailed upon to remove the bandages, but without being able to discover any reasonable cause for unusual pain. In two other cases, the bandages have been allowed to remain untouched, notwithstanding many complaints, and, on the final removal, no inconvenience followed. I must add that, in these cases, no pressure took place from too tight a bandage, as the limb, from every side, being equally pressed, had, as is always the case, diminished below the normal size. The formation of an abscess is possible, but the matter should easily escape by the fine canal formed by the ligatures. In one case, we put a hank through the abscess, and, in two weeks, saw it filled up with 'granulation.'

"Although I have not seen erysipelas, mortification, or other complications take place under this system, yet, should they occur, they could be treated in the usual way, retaining, in part, the gypsum bandage. On the third day, it is usual to loosen the ligatures, as also to discharge any matter, &c., that may have gathered; but by this system, it is only necessary to cut one or two holes in the bandage, where it is moist, opposite the margin of the wound, which can be easily done by raising the bandage by pincers. If the openings have been made at the right place, the ligatures will appear in the line of the amputation wound, and can easily be drawn out. By gentle pressure, the matter can be removed as well as cleansing by injection, through these openings, which, if desirable, can be afterwards covered with a small compress, anointed with some simple salve; during the following days it may be necessary to make a couple of openings besides, for the removal of the sutures; but this should not be hurried, for the longer the bandages can remain unmoved, the surer is it that the healing 'per primam intentionem' is advanced.

"To ascertain if all is going on well, in three weeks, that entire part of the bandage that covers the face of the stump, can be cut away, the circular portion of the bandage that remains will prove a protection and support to the newly formed edges of the healing wound. Generally, in most cases, the bandages can remain unmoved from three to five weeks, when the wound will be found well healed."

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26. *The Alcoholic Treatment of Wounds.*—Mr. A. Prichard, of Bristol, states (*British Medical Journal*, Nov. 3, 1860) that his attention was called a few months ago to a pamphlet published in Paris by M. Batailhé and Guillet, bearing the title *Alcohol and Alcoholic Preparations in Surgery*, in which the authors sum up the advantages of applying strong alcoholic compounds to recent and other wounds in the following way, viz., that they check or prevent suppuration, and consequently phlebitis and pyæmia, and that they favour union by the first intention; and the facts brought forward, although few and meagre, induced me to give the plan a trial; and I will briefly narrate some of my cases.

The particular alcoholic preparation which was recommended was the compound tincture of aloes, or, as the French call it, *elixir de longue vie*, and it is made of aloes, myrrh, saffron and spirit; and it is said to be most valuable in contused and lacerated wounds, involving various tissues, being particularly useful in lacerated wounds of the hand, when tendinous, muscular, cutaneous, and osseous tissues are often damaged together. But, that there may be no questions about originality or priority of the discovery of this method of treatment. I will quote a paragraph on the subject from that most entertaining and valuable work, John Bell's *Surgery*, published about sixty years ago. He says: "The process of saving the hand of a workman, when thus mangled with his tools, is this: You are to take up the arteries first, then return the bones into the wound, if they project; stitch the skin over them, draw together the open

spaces with slips of adhesive plaster, and dress the outside by dipping pieces of lint in camphorated spirits and laying them along the wounds"—with a bandage afterwards, and a splint if necessary.

To this I may add, that an old book upon drugs, in my possession, says that myrrh is used with success externally "in wounds, tumours, gangrene, and rotten bones," and that it "attenuates, discusses, and resists putrefaction;" and among the veterinary medicines in Gray's *Supplement to the Pharmacopœia*, the compound tincture of myrrh, which is made of myrrh, aloes, and spirit, is called "the most common of all traumatic applications for healing wounds."

M. P. relates five cases which he treated with the compound tincture of aloes differently diluted, and states that his conclusion from them and various others in which he tried the remedy, including ulcered legs, superficial burns, contused and incised and lacerated wounds, and an ulcerated stump, is the following, viz., that it is an excellent application for recent wounds, however deep; that it checks the suppurative process in a marked degree, and to that extent not only expedites the cure, but by destroying the fetor which always accompanies the treatment of these cases, adds much to the patient's comfort; that it favours union by the first intention, by assisting in the adhesion of the deeper structures particularly, and by preventing the formation and lodgment of pus; that it is not suitable for inflamed wounds, nor where there is an erysipelatous state of the skin, nor in fact for simple cutaneous wounds, where careful apposition alone will suffice to procure immediate union.

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27. *Rodent Ulcer.*—JONATHAN HUTCHINSON, Esq., Assistant Surgeon to the London Hospital, has published in some recent numbers of the *Medical Times and Gazette* a very interesting statistical report of forty-two cases of rodent ulcer, or Jacob's ulcer, as it is also called. The following are Mr. Hutchinson's deductions in regard to this affection:—

"1. That there occurs not unfrequently on one or other part of the face a form of ulceration which is characterized by an indurated edge, and by a tendency to spread to adjacent structures, without regard to difference of tissue; which is very slow in its progress; does not cause much pain; does not induce cachexia, and is never followed by enlarged glands or deposits in the viscera.[1]

"2. Sections of the indurated edge of this ulcer (or of the portions of new growth which are sometimes produced about it) do not exhibit the cell-structures met with in epithelial or scirrhous cancer, but only those of organizing fibrous tissue.

"3. This ulcer differs from lupus exedens in that it never occurs in the young, and never gets well spontaneously, while lupus exedens but rarely begins after the age of thirty, and usually tends after the lapse of time to cicatrize spontaneously. The two, also, further differ, in that lupus has a tuberculated, inflamed border, without any great degree of induration; while the edge of the ulcer in question presents an extremely indurated ridge, without tubercles, and comparatively free from inflammatory congestion.

"4. The ulcer in question differs from cancer in that there is but seldom present any tendency to the production of new material, that it never causes the glands to enlarge, nor induces morbid growths in the internal viscera.

[1] In making this assertion I am borne out by all the facts hitherto recorded. Fully acknowledging, however, the near relationship of rodent ulcer to cancer, I have but little doubt that it will now and then so far deviate from its usual course as to affect the glands, and quite anticipate in the future to hear of such a case. Epithelial cancer may be said to almost never affect the internal organs, yet a few cases are on record in which it has done so. Such exceptions, however, only prove the general rule; and just as the epithelial cancer very exceptionally affects the viscera, so will rodent very exceptionally affect the lymphatics. Professor Langenbeck has mentioned to me a case in which he excised a rodent ulcer from the side of a woman's nose, who afterwards remained well for nine years, and was then attacked by cancer of the uterus, followed by secondary growths and death. Such a fact is, however, very different from one in which the cancerous infection should advance, as in other malignant disease, through the lymphatic system, from the original ulcer.